

Southeast Radiology Consultants, LLC

TIN - 473907621

2021 Price Transparency

Published 01/01/2021

Per state law (Alaska Statute 18.23.400), beginning January 1st, 2021 we are required to annually post a list of our 10 most frequently billed service codes from the six sections of Category I of the Current Procedural Terminology (“CPT codes”) book, as adopted by the American Medical Association. The six sections are:

Category	CPT Code Range
Evaluation and Management	99201-99499
Anesthesia	00100-01999; 99100-00140
Surgery	10021-69990
Radiology	70010-79999
Pathology and Laboratory	80047-89398
Medical Services & Procedures	90281-99199; 99500-99607

The state department responsible for overseeing this law is the State of Alaska Department of Health and Social Services (DHSS), their website is: <http://dhss.alaska.gov/Pages/default.aspx>.

In adherence to the law, Southeast Radiology Consultants, LLC is listing our “undiscounted price.” These prices are taken directly from our fee schedule as of the publication date and are also reported to the Alaska Department of Health & Social Services. These prices may be higher than the amount actually paid for the services received depending on the individual’s circumstance (ie. Insurance Coverage, In-Network Contracts, Medicaid Coverage, Self Pay Arrangements, etc.).

You are entitled, upon request, to receive a good-faith estimate of reasonably anticipated charges for a given nonemergency service(s) prior to receiving those services and no later than 10 days following the receipt of your request. This estimate does not include facility fees or other charges incurred outside of the service rendered by a Southeast Radiology Consultants, LLC provider. This estimate will be provided in the form of your choosing – Orally, Written, or Electronic. Southeast Radiology Consultants, LLC will always provide you with a good-faith estimate when/if diagnostic testing is proposed. For estimate accuracy, Southeast Radiology Consultants, LLC is unable to provide estimates without the referring physician’s procedure codes.

Please do not hesitate to ask any questions.
Our billing office may be reached directly at 907-796-8631.

Southeast Radiology Consultants, LLC

We are considered an “In-Network Provider” under your insurance policy if your Insurance Card shows any of the following:

Premera Blue Cross Blue Shield of Alaska, Veterans Choice Program, and Tricare. We also accept Medicare and Medicaid. For all other insurances, we are considered out-of-network and do not maintain contractual relationships that may reduce the price of our services, but our services are extended to everyone, regardless of their coverage.

Southeast Radiology Consultants, LLC

- Professional Fee Schedule –

The following is a list of Southeast Radiology Consultants, LLC's top 10 most commonly performed CPT procedures in the following categories:

Surgery

Radiology

Medical Services & Procedures

(Professional Fee charges)

For the most accurate Southeast Radiology Consultant's professional fee billing information, please contact the billing department by phone at (907)796-8631.

Surgery

Southeast Radiology Consultants, LLC's Professional Fee Schedule

CPT Code	Procedure Description	Charge Amount
10005	Fine needle aspiration of first lesion using ultrasound guidance (professional fee only – Hospital facility charges billed separately)	\$887.00
19081	Biopsy of breast accessed through the skin with stereotactic guidance (professional fee only – Hospital facility charges billed separately)	\$3,942.00
19083	Biopsy of breast accessed through the skin with ultrasound guidance (professional fee only – Hospital facility charges billed separately)	\$3,833.00
19281	Placement of breast localization devices accessed through the skin with mammographic guidance (professional fee only – Hospital facility charges billed separately)	\$1,370.00

CPT Code	Procedure Description	Charge Amount
20610	Aspiration and/or injection of large joint or joint capsule (professional fee only – Hospital facility charges billed separately)	\$394.00
23350	Injection of dye for X-ray imaging of shoulder joint (professional fee only – Hospital facility charges billed separately)	\$906.00
27093	Injection of dye for X-ray imaging of hip joint (professional fee only – Hospital facility charges billed separately)	\$1,173.00
32555	Removal of fluid from chest cavity with imaging guidance (professional fee only – Hospital facility charges billed separately)	\$1,818.00
49083	Drainage of fluid from abdominal cavity using imaging guidance (professional fee only – Hospital facility charges billed separately)	\$1,848.00

CPT Code	Procedure Description	Charge Amount
49180	Needle biopsy of abdominal cavity growth, accessed through the skin (professional fee only – Hospital facility charges billed separately)	\$1,359.00

Radiology

Southeast Radiology Consultants, LLC's Professional Fee Schedule

CPT Code	Procedure Description	Charge Amount
70450-26	CT scan head or brain (professional fee only – Hospital facility charges billed separately)	\$437.00
70553-26	MRI scan of brain before and after contrast (professional fee only – Hospital facility charges billed separately)	\$1,029.00
71045-26	X-ray of chest, 1 view (professional fee only – Hospital facility charges billed separately)	\$66.00

CPT Code	Procedure Description	Charge Amount
71046-26	X-ray of chest, 2 views (professional fee only – Hospital facility charges billed separately)	\$82.00
72125-26	CT scan of upper spine (professional fee only – Hospital facility charges billed separately)	\$492.00
74177-26	CT scan of abdomen and pelvis with contrast (professional fee only – Hospital facility charges billed separately)	\$652.00
76642-26	Ultrasound of one breast (professional fee only – Hospital facility charges billed separately)	\$257.00
76705-26	Ultrasound of abdomen (professional fee only – Hospital facility charges billed separately)	\$208.00
77063-26	Screening digital tomography of both breasts (professional fee only – Hospital facility charges billed separately)	\$187.00
77067-26	Mammography of both breasts (professional fee only – Hospital facility charges billed separately)	\$238.00

Medical Services & Procedures

Southeast Radiology Consultants, LLC's Professional Fee Schedule

CPT Code	Procedure Description	Charge Amount
93303-26	Ultrasound examination of congenital heart defect (professional fee only – Hospital facility charges billed separately)	\$455.00
93306-26	Ultrasound examination of heart including color-depicted blood flow rate, direction, and valve function (professional fee only – Hospital facility charges billed separately)	\$728.00
93320-26	Doppler ultrasound study of heart blood flow, valves, and chambers (professional fee only – Hospital facility charges billed separately)	\$227.00
93325-26	Doppler ultrasound study of color-directed heart blood flow, rate, and valve function (professional fee only – Hospital facility charges billed separately)	\$179.00

CPT Code	Procedure Description	Charge Amount
93880-26	Ultrasound scanning of blood flow (outside the brain) on both sides of head and neck (professional fee only – Hospital facility charges billed separately)	\$314.00
93925-26	Ultrasound study of arteries and arterial grafts of both legs (professional fee only – Hospital facility charges billed separately)	\$284.00
93926-26	Ultrasound study of arteries and arterial grafts of one leg or limited (professional fee only – Hospital facility charges billed separately)	\$189.00
93970-26	Ultrasound scan of veins of both arms/legs including assessment of compression & functional maneuvers (professional fee only – Hospital facility charges billed separately)	\$296.00
93971-26	Ultrasound scan of veins of one arm/leg/limited including assessment of compression & functional maneuvers (professional fee only – Hospital facility charges billed separately)	\$194.00

CPT Code	Procedure Description	Charge Amount
93975-26	Ultrasound scan of abdominal, pelvic, and/or scrotal arterial inflow and venous outflow (professional fee only – Hospital facility charges billed separately)	\$363.00

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